

**HOUSING OPTIONS I** 



# Housing Options I

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## **ASSISTED LIVING**

Assisted living means a coordinated array of supportive personal and health services, available 24 hours per day to residents who need these services, including those who require formal long-term care. Assisted living promotes a resident's self-direction and participation in decisions that emphasize individuality, privacy, dignity and home-like surroundings. There are three settings for assisted living in New Jersey:

**ASSISTED LIVING RESIDENCE (ALR)** | This is a residential facility licensed by the Department of Health and Senior Services to provide apartment-style living, congregate dining and assisted living services. Apartment units offer, at a minimum, one unfurnished room, a private bathroom, a kitchenette and a lockable door on the unit entrance. Units are single or double occupancy.

**COMPREHENSIVE PERSONAL CARE HOME (CPCH)** | This is a residential facility licensed by the Department of Health and Senior Services to provide room and board and provide assisted living services. Residential units in CPCHs are typically shared occupancy but have no more than two residents and have a lockable door on the unit entrance. These facilities were converted from previous settings such as residential health care facilities, boarding homes or nursing facilities.

**ASSISTED LIVING PROGRAM (ALP)** | This is a package of assisted living services, including nursing and personal care, to be provided by an agency licensed by the Department of Health and Senior Services. This program will be provided only to individuals residing in publicly-subsidized housing. There are home personal care and health-related services. It is not a separate facility, and there are a limited number of buildings in which an ALP is available.

#### **Services Provided**

The minimum service capacity of a facility must include:

- Personal Care
- Nursing

Pharmacy

Dining

- Activities
- Housekeeping

- Recreational Services
- Social work services
- Transportation for medical appointments
- Administration of medications



Some facilities are specifically designed or have units designed to accommodate persons with Alzheimer's disease. In these instances, staff members may be specially trained to address the needs of people with cognitive impairments.

# **Eligibility**

Sometimes seniors need assistance with activities of daily living, such as dressing, bathing or eating. They may not require the 24-hour skilled health care that a nursing home provides, but their needs may not be met if they live alone. Assisted living is designed to help seniors remain independent for as long as possible by offering a mix of supportive personal and health services.

Assisted living residences and comprehensive personal care homes are capable of providing nursing services to maintain residents, including residents who require long-term care. However, it should be clearly specified and outlined in the facility's admission agreement/resident contract under what circumstances a contract could be terminated or result in the resident being moved from the facility.

The facility must also describe the assessment process and the manner in which the resident and/or family will be involved with meeting resident needs and providing services.

# **Facility Staffing**

There is at least one personal care assistant and one additional staff person at night and sufficient staffing to provide the services indicated by the assessments of the residents. A registered nurse is available on staff or on call 24 hours a day. Both administrators and personal care assistants must meet training and program requirements approved by the New Jersey Department of Health and Senior Services.

## **Cost of Services**

Assisted living costs vary greatly depending on room size and services offered. Medicare does not pay for assisted living services. All facilities accept residents who pay for services privately, but many are now accepting some Medicaid payments. In New Jersey, a Medicaid home and community-based waiver, Enhanced Community Options (ECO), allows the state to serve residents in assisted living settings.



#### RESIDENTIAL HEALTH CARE FACILITIES

A Residential Health Care Facility (RHCF) is a long-term care alternative that provides residents with a home-like atmosphere and assistance in getting health services. These facilities are licensed by the NJ Department of Health and Senior Services to offer a supervised communal housing arrangement that is safe and encourages independence for as long as possible. Some nursing homes also have residential units for individuals who do not require skilled nursing care.

#### Services Provided

Each facility provides, at a minimum, the following services:

- Personal care
- Dietary

Health maintenance and monitoring

- Pharmacy
- Recreational services

There is sufficient staff in the building occupied by the residents in order to provide appropriate supervision. A registered nurse is also on-call at all times. Resident transportation is provided either directly or by arrangement to and from health care services offered outside the facility, as well as to and from social, religious and community groups in which the resident wishes to participate.

# Eligibility

Residential health care facilities provide sheltered care and services to residents who do not require skilled nursing care, in order to help residents maintain personal interests and dignity as well as to protect their health and safety. An elderly person who meets the following criteria will find a residential health care facility most appropriate for their care:

- Unable to live independently, but can walk with or without an assistive device
- Reasonably oriented mentally
- Does not have significant medical needs

## **Cost of Services**

The financial arrangements for a residential health care facility typically consist of an agreed rate included in the admission agreement. The resident is informed of all fees for services provided and supplies. No additional charges or expenses in excess of the rate included in the admission agreement will be assessed.

Each resident of a residential health care facility who receives Supplemental Security Income or General Public Assistance will receive a personal needs allowance. Residential health care facilities must provide 10% of its units to those using Supplemental Security Income payments. Also, units are usually shared occupancy.



#### **NURSING HOMES**

New Jersey residents who need help completing activities of daily living such as washing, dressing or feeding have several options as to where such services can be provided. Today, more and more seniors and their families are choosing to receive care in their homes or in community settings such as adult medical day care and assisted living facilities rather than in nursing homes. Despite this trend, nursing homes continue to play an important and necessary role in our long-term care system by providing quality care for those in need of intensive and ongoing medical and nursing assistance.

#### **Candidates**

Nursing homes may be appropriate for people who fit one or more of the following categories established by the Medicaid program:

- Catastrophic illness or accident that requires major changes in lifestyle and needs. Examples include multiple sclerosis, stroke, multiple trauma, AIDS, amputation, neurological disease, cancer, birth defects and end-stage renal disease.
- Debilitation or chronic changes in mental status that causes deterioration of self-care skills, such as Alzheimer's disease and related disorders.
- Debilitation or chronic changes in physical status as a result of conditions such as diabetes, fractures and progressive pulmonary disease.
- Multiple hospital admissions within the past six months
- Previous nursing home admission within the past two years
- Major health needs, such as physical rehabilitation, recuperation after hospitalization for serious illness or surgery, restorative services, tube feeding and special equipment or treatment.

# **Services Offered**

All licensed nursing homes must provide:

—24-hour skilled nursing	—Dining	—Recreation
—Personal care	—Activities	—Social work
—Pharmacy	—Housekeeping	—Transportation

All nursing homes are not equally equipped to take care of residents with special needs (i.e. dialysis, head trauma, oxygen therapy, tracheotomy). Some nursing homes are specially licensed to provide more comprehensive care, such as behavior management, nasogastric tube feeding, ventilator care or oxygen therapy. Sometimes residents must be transferred from one nursing home to another if their medical condition changes and the first facility is no longer able to provide the type of care necessary.

#### **NURSING FACILITIES IN**

NEW JERSEY ARE LICENSED, REGULATED, INSPECTED AND/OR CERTIFIED BY A NUMBER OF PUBLIC AND PRIVATE AGENCIES AT THE STATE AND FEDERAL LEVELS.

SOME NEW JERSEY
NURSING FACILITIES ARE
MEMBERS OF NATIONAL
ACCREDITING ORGANIZATIONS,
WHICH INDEPENDENTLY
INSPECT THEIR MEMBER
FACILITIES TO ASSESS
PERFORMANCE.

## **Cost of Services**

Since nursing home care is the most medically intensive of the long-term care services, it is also the most expensive. For those who meet clinical and financial qualifications, both the Medicare and Medicaid programs pay for nursing home services, although Medicare coverage for nursing home care is limited.

# **Facility Monitoring**

Nursing facilities in New Jersey are licensed, regulated, inspected and/or certified by a number of public and private agencies at the state and federal levels, including the New Jersey Department of Health and Senior Services, the U.S. Department of Health and Human Services and The Centers for Medicare and Medicaid Services (CMS). These agencies have separate yet sometimes overlapping jurisdictions.

The New Jersey Department of Health and Senior Services is responsible for ensuring nursing facilities comply fully with mandatory state regulations. The Department, under a contractual agreement with CMS, is also responsible for ensuring that facilities accepting Medicare and Medicaid payment for services rendered to program beneficiaries meet federal regulations and certification rules. Each year, the Department conducts approximately 400 full, on-site licensure inspections of nursing facilities and responds to approximately 2,500 complaints. These inspections, called surveys, are conducted to evaluate the fitness and adequacy of the nursing facility, its staff, equipment, policies, procedures and finances.

The New Jersey Office of the Ombudsman for the Institutionalized Elderly investigates allegations of abuse and exploitation of residents of long-term care facilities who are 60 years of age and older. The office is charged with serving as an advocate for residents who are unable, because of illness or vulnerability, to advocate for themselves.

In addition to inspection by the state, some New Jersey nursing facilities are members of national accrediting organizations, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF), which independently inspect their member facilities to assess performance.

Oversight of practices in nursing facilities is not limited to the facilities themselves. Key health care professionals who work in nursing facilities are also licensed or certified by state agencies, such as the State Board of Medical Examiners, New Jersey Board of Nursing, Nursing Home Administrators Licensing Board and the Department of Health and Senior Services' Certified Nurses Aide (CNA) Program. Health care workers are subject to disciplinary action from these bodies for failure to adhere to performance standards.



#### CONTINUING CARE RETIREMENT COMMUNITIES

Continuing Care Retirement Communities (CCRCs), provide a continuum of care for their residents, who usually join the community as self-sufficient individuals in relatively good health. If these residents eventually develop health care needs, there is a licensed long-term care unit (assisted living or nursing home) available within the community. CCRCs usually require a significant financial investment in exchange for lifetime housing, food, recreation, health care and support services.



FOR MORE INFORMATION ON HOUSING OPTIONS, PLEASE CONTACT THESE RESOURCES:

THE COUNTY OFFICE ON AGING/ STATE INFORMATION HOTLINE

NJEASE: 1.877.222.3737

NEW JERSEY DEPARTMENT OF HEALTH & SENIOR SERVICES
DIVISION OF AGING & COMMUNITY SERVICES
P.O. Box 807
Trenton, NJ 08625-0807
1.800.792.8820
(toll-free for NJ residents only)

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF DISABILITY SERVICES

222 South Warren Street
P.O. Box 700
Trenton, NJ 08625-0700
1.888.285.3036 (toll-free)
609.292.7800
609.292.1210 (TDD)
www.state.nj.us/humanservices/dds

For more information or additional copies please contact New Jersey EASE (Easy Access Single Entry), toll-free at 1.877.222.3737, the State's Senior Services Helpline at 1.800.792.8820 (out of state callers: 1.877.222.3737), or visit the NJ Department of Health and Senior Services Website at www.state.nj.us/health/seniors.htm.

State of New Jersey | Richard J. Codey, Acting Governor Department of Health and Senior Services | Fred M. Jacobs, M.D., J.D., Commissioner

Department of Health and Senior Services Division of Aging and Community Services



